

FILED MAR 27 1944

Registration District No. 374

Primary Registration District No. 3006

Registrar's No. 36

1. PLACE OF DEATH:
(a) County C Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community bits 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. Rogers
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Stella M Kennedy
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13th
year 1944 hour 6 10 minute A M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Tom Kennedy
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Feb 23 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 16, 1942, to Feb 13, 1944;
that I last saw her alive on Feb 12, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days 29
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
Had 5 hemorrhages from Nov 10, 42 to Jan 19, 44
Due to Hypertension & arteriosclerosis
Duration 24 days
Due to 6 yrs

9. Birthplace Edgar Co Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of operations none
Of autopsy none

MOTHER FATHER { 11. Industry or business " "
12. Name Wm E Roberts
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Stapleton
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Tom Kennedy
(b) Address Columbia Mo
17. (a) Burial (b) Date thereof Feb 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Co Mo
18. (a) Signature of funeral director R. Willard
(b) Address Columbia
19. (a) 2-15-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (b) Means of injury 0
23. Signature AW Kaufschmidt (M. D. or other)
Address Columbia, Mo Date signed 2-15-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1946

RECEIVED

District Health Officer No. 9.

District File Number _____

Date Filed 3-22-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.